

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Examiner Name

application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US2003/012027	PCT	04/18/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCT/US2004/001092	PCT	01/16/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Doc. No.

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0851-0032

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **34282** OR ☐ Correspondence address below

Name **Quarles & Brady Streich Lang, LLP**

Address **One South Church Avenue, Suite 1700**

Address

City **Tucson**

State **AZ**

ZIP **85701**

Country **US**

Telephone **520-770-8700**

Fax **520-623-2418**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) **Terrence R.**

Family Name
or Surname **Langford**

Inventor's
Signature 

Date **10/7/05**

Residence: City **Tucson**

State **AZ**

Country **US**

Citizenship **US**

Mailing Address **4049 Quiet Moon Drive**

Mailing Address

City **Tucson**

State **AZ**

ZIP **85718**

Country **US**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any))

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	Terrence R. Langford
Title	Supplemental Ozone Treatment...
Art Unit	
Examiner Name	
Attorney Docket Number	122123.00004US2

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

34282

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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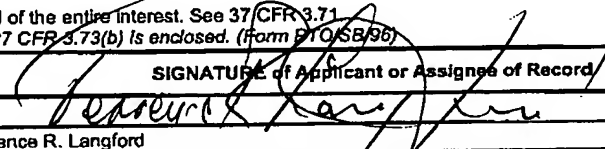
<input type="checkbox"/> Firm or Individual Name	Quarles & Brady Strelch Lang LLP		
Address	One South Church Avenue, Suite 1700		
City	Tucson	State	AZ
Country	US	Zip	85701
Telephone	520-770-8700	Email	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	10/7/05
Name	Terrence R. Langford	Telephone	
Title and Company	President and Chief Executive Officer, Langford IC Systems, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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